

STATE OF INDIANA )  
 ) SS: IN THE LAKE SUPERIOR COURT  
COUNTY OF LAKE ) SITTING AT EAST CHICAGO, INDIANA

**Filed in Open Court**

2004 048104

IN THE MATTER OF THE )  
SUPERVISED ESTATE OF: ) MAY 19) 2004 CAUSE NO. 45D02-0309-ES-140  
EUGENE D. WILLIAMS a/k/a )  
GENE WILLIAMS, DECEASED )

*William C. Davis*  
SUPERIOR COURT OF LAKE COUNTY  
CIVIL DIVISION, COURT ROOM 2

**ORDER APPROVING REPORT OF SALE OF REAL ESTATE**

Comes now Personal Representative of the above-entitled estate, and submits verified Report of Sale of the following described real estate in Lake County, State of Indiana, to-wit:

The North 20 feet of Lot 37 and the South 30 feet of Lot 38, in Forsyth Highlands 3<sup>rd</sup> Addition, Hammond, as per plat thereof, recorded in Plat Book 27, page 58, in the Office of the Recorder of Lake County, Indiana.  
Key #26-33-0204-0038

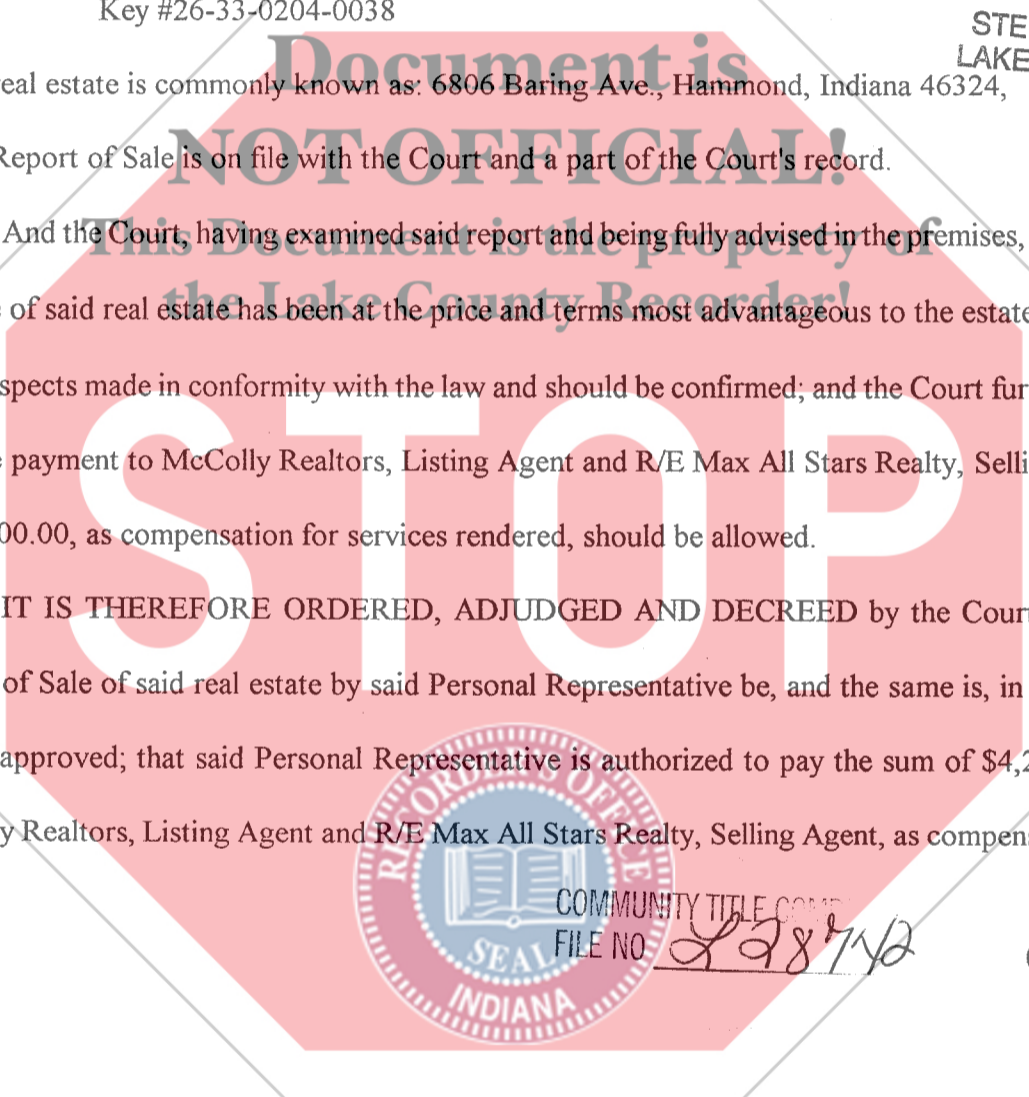
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
2004 JUN - 8 11:11 AM  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

which real estate is commonly known as: 6806 Baring Ave., Hammond, Indiana 46324,

which Report of Sale is on file with the Court and a part of the Court's record.

And the Court, having examined said report and being fully advised in the premises, finds that the sale of said real estate has been at the price and terms most advantageous to the estate and was in all respects made in conformity with the law and should be confirmed; and the Court further finds that the payment to McColly Realtors, Listing Agent and R/E Max All Stars Realty, Selling Agent of \$4,200.00, as compensation for services rendered, should be allowed.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that the Report of Sale of said real estate by said Personal Representative be, and the same is, in all things hereby approved; that said Personal Representative is authorized to pay the sum of \$4,200.00 to McColly Realtors, Listing Agent and R/E Max All Stars Realty, Selling Agent, as compensation for



COMMUNITY TITLE COMPANY  
FILE NO. *228712*

15 DC  
CM  
000683

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GENE WILLIAMS, DECEASED )

CAUSE NO. 45D02-0309-ES-140

services rendered, said Personal Representative is further authorized to pay the necessary costs and expenses of said sale of real estate, including the \$600.00 legal expense, and that the proposed Deed submitted with said Report of Sale is in proper form and the same is hereby approved.

All of which is FOUND and RECOMMENDED this 19<sup>th</sup> day of May

2004.

  
PROBATE COMMISSIONER, LAKE  
SUPERIOR COURT

All of which is SO ORDERED and APPROVED this 19<sup>th</sup> day of May

2004.

*William E. Davis*  
JUDGE, LAKE SUPERIOR COURT



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to discharge its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 866-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) EUGENE D. WILLIAMS		2 SEX MALE	3a TIME OF DEATH 12:50 A.M.	3b DATE OF DEATH (Month, Day, Yr) MARCH 30, 2003
4 *SOCIAL SECURITY NUMBER 312-34-8806	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) November 6, 1935
7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN	8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	
9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) Community Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b KIND OF BUSINESS/INDUSTRY IHB Railroad
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond		13d STREET AND NUMBER 6806 Baring Avenue
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+)		17 12		
18 FATHER'S NAME (First, Middle, Last) Kenneth Williams		19 MOTHER'S NAME (First, Middle, Maiden Surname) Bridget Bourrell		
20a INFORMANT'S NAME (Type/Print) Laura M. Schatz		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2441 Ridgewood Street, Highland, IN 46322		20c Relationship Daughter
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 2, 2003 Elmwood Cemetery		21c LOCATION—City or Town, State Hammond, IN
22a EMBALMER'S NAME Henry J. Blake		22b EMBALMER'S LICENSE NO. FD01019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward B. Sattage</i>		24b LICENSE NUMBER (of Licensee) FD01000857		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home FH19400005 6955 Southeastern Ave. Hammond, IN 46324
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS A PUBLIC RECORD. IMMEDIATE COPY OF THIS CERTIFICATE OF DEATH IS TO BE FILED WITH THE LAKE COUNTY CLERK'S OFFICE. IMMEDIATE CAUSE (Final disease or condition resulting in death) STROKE DUE TO (OR AS A CONSEQUENCE OF) Atrial Fibrillation CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I PNEUMONITIS				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO				
28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO				
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO				
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Miguel A. Gambetta</i>		29c MEDICAL LICENSE NO. 01025594A		29d DATE SIGNED (Month, Day, Year) April 3, 2003
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Miguel A. Gambetta, MD 7217 Indianapolis Blvd., Hammond, IN 46324				
31 HEALTH OFFICER'S SIGNATURE <i>Susan D. But D.O.</i>				32 DATE FILED (Month, Day, Year) April 3, 2003
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d DESCRIBE HOW INJURY OCCURRED		
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

CP 100-204-01-1-5 46324-12511

STATE OF INDIANA     )  
                                  )  
COUNTY OF LAKE     )     SUPERIOR COURT OF LAKE COUNTY  
                                  )     PROBATE DIVISION, ROOM TWO  
                                  )     SITTING AT EAST CHICAGO, IN

IN THE MATTER OF THE ESTATE OF  
EUGENE D WILLIAMS a/k/a GENE  
WILLIAMS, DECEASED

CAUSE NUMBER: 45D02-0309-ES-00140

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LETTER OF ADMINISTRATION

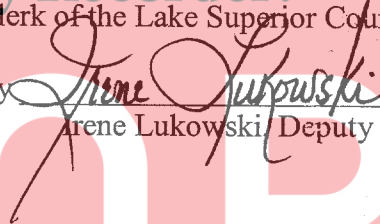
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I, Anna N. Anton, Clerk of the Superior Court for the County of Lake, in the State of Indiana, do hereby certify that Letters of Administration for the Estate of EUGENE D WILLIAMS A/K/A GENE WILLIAMS, late of Lake County, deceased, who died intestate, is granted to LAURA SCHATZ, and said Administratrix, having qualified and given OATH as such Administratrix, SHE IS duly authorized to take upon HERSELF, the administration of such Estate, according to law.

WITNESS, my Hand and the Seal of said court, THIS 10<sup>th</sup> day of September, 2003.

This Document is the property of  
the Lake County Recorder!

Anna N. Anton  
Clerk of the Lake Superior Court

By   
Irene Lukowski/Deputy Clerk

STOP

